

Fee Only

PAGE 5/14: RCVD AT 10/11/2004 4:07:54 PM EST System Daylight Time: SVR:USPTO-EF:RFB-110: DNS:8729306: CSID:9727312289: DURATION (mm:ss):04:28

Attorney Docket No. T1-34791

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

OCT 11 2004

Applicants: Udi Suissa, et al.

§

Group Art Unit: 2816

Serial No.: 10/690,683

§

§

Examiner: Kenneth B. Wells

Filed: October 22, 2003

§

§

Confirmation No.: 6125

For: Adjustment of Amplitude and DC Offsets
in a Digital Receiver

§

§

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being
transmitted by facsimile to 703.872.9306 addressed to:
Mail Stop Amendment, Commissioner for Patents, PO
Box 1450, Alexandria VA 22313-1450 on:

October 11, 2004
Date of Delivery

Jean Brown
Jean Brown

RESPONSE TO OFFICE ACTION

Commissioner:

Applicants acknowledge receipt of the Office Action dated June 29, 2004 and respectfully
request the following amendments to the above-identified application as follows. The changes
made are shown by underlining the added text and striking through the deleted text.

Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

BEST AVAILABLE COPY

/14/2004 PYAREORD 00000004 200668 10690683

1

FC:1251
FC:1201

110.00 DA
352.00
21377.01/1962.17000

P.05 9727312289

CONLEY & ROSE PC

OCT-11-2004 15:10

PTO/SB/22 (10-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)																									
FY 2005 (fees effective on or after October 1, 2004)		1962-17000 TI-34791																									
Application Number 10/690,683		Filed October 22, 2003																									
For Adjustment of Amplitude and DC Offsets in a Digital Receiver																											
Art Unit 2816		Examiner																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">Fee</th> <th style="width: 15%; text-align: center;">Small Entity Fee</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$110</td> <td style="text-align: center;">\$55</td> <td style="text-align: right;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$430</td> <td style="text-align: center;">\$215</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$980</td> <td style="text-align: center;">\$490</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1530</td> <td style="text-align: center;">\$765</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2080</td> <td style="text-align: center;">\$1040</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-0668</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>35,190</u></p> <p style="text-align: center;"> Signature </p> <p style="text-align: center;"> <u>10/11/04</u> Date </p> <p style="text-align: center;"> <u>Peter Hernandez</u> Typed or printed name </p> <p style="text-align: center;"> <u>972 731 2288</u> Telephone Number </p>					Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____
	Fee	Small Entity Fee																									
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 110.00																								
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	\$ _____																								
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$ _____																								
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$ _____																								
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	\$ _____																								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																											

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10690623

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	* 1
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

Amend 10-11-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 21	Minus ** 21	=
Independent	* 8	Minus *** 4	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 11, 20, 21

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	385.00	BASIC FEE	770.00
X\$ 9=		X\$18=	18
X43=		X86=	86
+145=		+290=	
TOTAL		TOTAL	874

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	352
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	